

Detroit Workforce Development Department Request for Proposal (RFP) Application Coversheet (Form A) Adult Education Centers 2007		INTERNAL USE ONLY	
		Proposal No:	Received By:
		Date Received:	Time:
APPLICANT INFORMATION			
Legal Name:		Name and telephone number of person to be contacted on matters involving this application.	
Federal ID Number:		Prefix:	First Name:
Address:		Middle Name:	
City:		Last Name:	
County:		Suffix:	
State:	Zip Code:	Email:	
Web site (if applicable):		Phone Number:	Fax Number:
Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Type of Organization: <input type="checkbox"/> Public <input type="checkbox"/> Private, Non-profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Community-Based <input type="checkbox"/> Faith-Based <input type="checkbox"/> Other:	
Areas Affected By Project (Cities, Counties, States, etc.):		Name of Funding Source:	
		Descriptive Name of Applicant's Project:	
Project Start Date:		Is the Applicant licensed by the State of Michigan's Department of Education for the proposed training program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Ending Date:			
Target Population:		Is the Applicant Incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ESTIMATED PROJECT FUNDING		Is the Applicant delinquent on any city of Detroit taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Detroit Workforce Development Department	\$	Is the Applicant presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded from participation in this transaction by any Federal department or agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant	\$		
Other	\$		
TOTAL	\$		
TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED IN THIS PROPOSAL IS TRUE AND CORRECT. THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THE DOCUMENT. IF THE PROJECT IS AWARDED, THE APPLICANT WILL COMPLY WITH ALL RULES AND REGULATIONS SET FORTH BY THE DETROIT WORKFORCE DEVELOPMENT DEPARTMENT.			
AUTHORIZED REPRESENTATIVE (Signature in BLUE Ink Only)			
Prefix:	First Name:	Middle Name:	
Last Name:		Suffix:	
Title:		Telephone Number (provide area code):	
Signature of Authorized Representative:		Date Signed:	